IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics

Reset Form

lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

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Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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|-----------|--------|--------|-------|--------|
| Audited _ | | | | |
| Checked | | | | |
| Computer | | | | |

| DEPARTMENT (| OR OFFICE | RECEIVING THE | GIFT OR | BEQUEST |
|---------------------|-----------|---------------|---------|---------|
|---------------------|-----------|---------------|---------|---------|

| Iowa Governor's Office | | | | |
|--|--|--|--|--|
| Name of Department or Office 1007 E Grand Ave Des | Maine Jame 60210 | | | |
| | Des Moines, Iowa 50319 City, State, Zip Code | | | |
| 515-281-5211 | 1 | | | |
| Area Code & Telephone No. | | | | |
| ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE | | | | |
| Michael Boal | | | | |
| Name | | | | |
| Mailing Address (if different from above) | City, State, Zip (if different from above) | | | |
| michael.boal@iowa.gov | | | | |
| Email Address | Area Code & Telephone Number (if different from above) | | | |
| ONOR OF GIFT OR BEQUEST: | | | | |
| Zhejiang Chinese Orchestra | | | | |
| Name | | | | |
| 53 Shuguang Rd Hangzhou P.R. China | At Claracter | | | |
| Mailing Address City, State, Zip Code | February 21, 2018 \$50.00 | | | |
| +84-571-8521-2187 | Date of Gift or Bequest Amount/Value* | | | |
| Area Code & Telephone Number | | | | |
| 1429741812@qq.com | "value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00". | | | |
| Email Address (optional) | | | | |
| Provide a description of the gift or bequest and purpose thereof: | The state of the s | | | |
| | raniana trialrata | | | |
| Decorative silk screen wall hanging, glass monument, v | various trinkets | | | |
| | | | | |
| Criteria to use this form: | | | | |
| Receipt of any gift or bequest that is received by any department of the sta | le or received by the Governor on behalf of the state. | | | |
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| atement of Affirmation: | | | | |
| Michael Boal | s accurate. I further affirm that the information concerning the donor as | | | |

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assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

December 31, 2018

Date